



Evaluator Name: _____

Partner Proposal Evaluation and Scoring Sheet - 2.c.i. Transformation Review Team

#	Criteria Description	Weight	Max Score	Max Weighted Score	Proposal Scoring									
					Prop-1		Prop-2		Prop-3		Prop-4		Prop-5	
					Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
1	Adherence to LOI Guidelines/Requirements	4%	5	0.20		0.00		0.00		0.00		0.00		0.00
2	Company Information - Background, Size, Sustainability	4%	5	0.20		0.00		0.00		0.00		0.00		0.00
3	Aesthetics - Professional, Organized, Concise, Well-written	4%	5	0.20		0.00		0.00		0.00		0.00		0.00
4	Past Performance with CCN	5%	5	0.25		0.00		0.00		0.00		0.00		0.00
Background & Support														
5	Relationship as a Downstream Provider	10%	5	0.50		0.00		0.00		0.00		0.00		0.00
6	Sustainability Post-Funding	12%	5	0.60		0.00		0.00		0.00		0.00		0.00
7	DSRIP Alignment	7%	5	0.35		0.00		0.00		0.00		0.00		0.00
8	Community Need	7%	5	0.35		0.00		0.00		0.00		0.00		0.00
Member Impact														
9	Total Medicaid Member Reach	6%	5	0.30		0.00		0.00		0.00		0.00		0.00
10	Low and Non-Utilizing Medicaid Member Reach	12%	5	0.60		0.00		0.00		0.00		0.00		0.00
11	Speed to Implementation (0-1, 2-3, 4+ months)	8%	5	0.40		0.00		0.00		0.00		0.00		0.00
12	Use of Data to Support Resource (statistics, etc.)	6%	5	0.30		0.00		0.00		0.00		0.00		0.00
Other Capabilities														
13	Reporting Capability	8%	5	0.40		0.00		0.00		0.00		0.00		0.00
14	Training Capabilities	7%	5	0.35		0.00		0.00		0.00		0.00		0.00
Totals		100%	70	5.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

	Score	Level
Scoring Criteria	5	Excellent
	4	Very Good
	3	Good
	2	Fair
	1	Poor